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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 10/075,917 02/13/2002
 which claims benefit of 60/268,471 02/14/2001
 and claims benefit of 60/268,472 02/14/2001
 and claims benefit of 60/268,478 02/14/2001

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **** SMALL ENTITY ****
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials:	STATE OR COUNTRY NC	SHEETS DRAWING 37	TOTAL CLAIMS 146	INDEPENDENT CLAIMS 5
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TITLE
 Enhanced boolean processor

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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